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TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending their addresses to the corresponding editor.*

TORONTO, DECEMBER, 1877.

CLINICAL AND PATHOLOGICAL IN-
 STRUCTION AT THE TORONTO
 GENERAL HOSPITAL.

To the two hundred students sent, by the two medical schools in Toronto, for clinical instruction and the acquirement of an acquaintance with pathology and morbid anatomy, to the Toronto General Hospital, it is a matter of vital importance that the facilities and opportunities afforded by that institution should be utilized to the utmost.

In view of the fact that the hospital contains from 150 to 200 beds, and that for the most part these are continually filled, it must be apparent that the materials presented for clinical study are, in point of numbers, up to the average.

Moreover, taking into consideration the manifest desire on the part of the trustees to further, by every means in their power, the interests alike of patients and students, and the expense they have already incurred since their tenure of office to promote the same, it would occur to one, as a natural sequence of these two conditions, that the advantages for clinical and pathological instruction presented by the hospital, would be superior, if not unusual. Such, however, is not the case; and the reason is not far to seek. One stumbles across it on the very threshold of the inquiry; it lies at the door of the instructors and their system.

At present, we believe, the clinical instruction at the hospital consists in examining before the class on four or five days in the week any out-patients that may be in attendance, making a

few remarks upon the signs and symptoms as elicited by the lecturer's examination, and dictating a prescription. Then follows a didactic lecture, by courtesy called clinical because delivered in the presence of the (bedridden) patient, and afterwards a perambulation through the wards. This state of affairs is so well described and its utter uselessness so clearly pointed out by one of the greatest of British clinical teachers that we cannot refrain from quoting his remarks. Dr. Murchison, lately appointed Special Lecturer on Clinical Medicine at St. Thomas's Hospital, in his inaugural address from the newly-constituted chair, is reported to have said: "Until a few years ago there was no teaching in any of our British Medical Schools which deserved the name of clinical; and, if I am rightly informed, there are still many medical schools where the sole clinical instruction consists in the delivery by the physicians and surgeons of an occasional systematic lecture upon some disease, with one of the hospital patients, whom the majority of the audience may never have seen, to serve as a text; while the student is left to pick up what practical knowledge of disease he can in walking the wards, and these, if he be idly disposed, he may rarely, if ever, enter. At the best, the ward visit usually consists in the dictation of notes by the physician or in his calling attention to certain physical signs or symptoms in a case which by many students are unheeded, and by none are connected with the entire clinical history of the case. But medical students, in order to learn their work, must not only see the patients as they pass their beds, but handle them, question them, and use all their senses in finding out their symptoms for themselves. * * * To obtain a practical knowledge of disease and its treatment, the student must watch it in its various phases; he must learn to exercise every sense which he possesses—his eyes, ears, fingers, and even his nose—in its study; he must note the endless varieties which the same disease presents in different patients, and which he will find recorded in no other book than that of nature, and he must endeavour to discover the natural course of each disease, and how far this appears to be modified by treatment."